

Authorization for Acceptance of Electronically Filed Insurance Forms

To: Illinois Commerce Commission

From: _____
Name of Company

Address of Company

The undersigned insurance company hereby agrees that all motor carrier insurance filings transmitted to the Illinois Commerce Commission by National Online Registries ("NOR") on our behalf are binding on us and have the same force and effect as if we had made those motor carrier insurance filings directly with the Illinois Commerce Commission.

Furthermore, we agree that this authorization may be cancelled only after a 90 day written notice of cancellation has been received by the Illinois Commerce Commission.

Signed at: _____

this _____ day of _____, 2____.

Authorized Company Representative

Title